PTO/SB/22 (01-08)
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TION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

3159-9230US

Application Number 10/003,462

THE TRADE

Filed December 6, 2001

A VACCINE COMPOSITION COMPRISING TRANSFORMING GROWTH FACTOR ALPHA (TGFALPHA). FOR USE IN MALIGNANT DISEASE[[S]] THERAPY

Art Unit	1643	·		Examiner A. Hollera	an	
This is a rec	quest und	der the provisions of 37 CFR 1.136(a) to exte	end the period for filing	a reply in the above identified	d application.	
The request	ted exter	nsion and fee are as follows (check time perion	od desired and enter th	ne appropriate fee below):		
			Fee	Small Entity Fee		
		One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	
	\boxtimes	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ <u>490.00</u>	
		Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	
		Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
		Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
☐ Applica	nt claims	s small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
	The Director has already been authorized to charge fees in this application to a Deposit Account.					
☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to						
Deposit Account Number <u>20-1469</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the		applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71						
	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
☐ attorney or agent of record. Registration Number						
☑ attorney or agent under 37 CFR 1.34.						
	1	Registration number if acting under	37 CFR 1.34. <u>57,795</u> .			
	Lee	67 WAS		August 13, 2009	ı	
$\overline{}$		Signature		Date		
Todd E. North				801-532-1922		
IOTE: Signa	itures of a	Typed or printed name all the inventors or assignees of record of the en	tire interest or their reas	Telephone Number	mit multiple forms	
more than	one signa	ture is required, see below.	ille interest of their repri	esentative(s) are required. Suc	mik muluple forms	
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express Mail Mailing Label Number: EM331968424US						
Date of Deposit with USPS: August 13, 2009						

triformation is required to obtain or retain a benefit by the public which is ly is governed by 33 U.S. G. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the glupon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief timent of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS, SEND TO: Commissioner for Patr

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